



Application for Licensure (Conversion from Exchange to Full Licensure)

State of Iowa
Board of Educational Examiners
Licensure
Grimes State Office Building
400 E. 14th St.
Des Moines, Iowa 50319-0147

Revised 10/07

Please allow four weeks for processing.

Name changes require a photocopy of official legal documentation.

Applicant's Folder #	Social Security #	Date of Birth Month Day Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Home Phone ()	Work Phone ()	Email Address	

STATEMENT OF FRAUD; Fraud in procurement of a license or falsifying records for licensure purposes will constitute grounds for filing a complaint with the Iowa Board of Educational Examiners.

- a. Yes ☐ No ☐ PR ☐ Have you ever been convicted of a felony?
b. Yes ☐ No ☐ PR ☐ Have you ever been convicted of a crime other than parking or speeding violations?
c. Yes ☐ No ☐ PR ☐ Have you ever had a founded report of child abuse made against you?
d. Yes ☐ No ☐ PR ☐ Have you ever had an educational license denied, revoked, or suspended?

For any "Yes" response attach a written explanation on 8 1/2 x 11" paper. Be sure to include the date of the violation. DO NOT explain on this application form. *If you have reported a "Yes" response on a previous application, check PR (previously reported) instead of "Yes" on this application if no further conviction(s) has occurred.

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding information is true and correct.

Signature of Applicant

Date

License Desired: ☐ Initial (\$85) ☐ Standard (\$85) ☐ Master Educator (\$85) ☐ Administrator (\$85)

- * Please submit the appropriate licensure fee (see above) made payable to the Board of Educational Examiners
- * Also, please submit official transcripts showing all course work competed to fulfill requirement deficiencies for your Iowa license.